

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	VIN		03-29-01
FORMALITY REVIEW	A.T	1071	06/05/01
RESPONSE FORMALITY REVIEW	Tz	947	09/20/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	11/8/02
2	✓	✓	5/16/02
3	✓	✓	5/16/02
4	✓	✓	5/16/02
5	✓	✓	5/16/02
6	✓	✓	5/16/02
7	✓	✓	5/16/02
8	✓	✓	5/16/02
9	✓	✓	5/16/02
10	✓	✓	5/16/02
11	✓	✓	5/16/02
12	✓	✓	5/16/02
13	✓	✓	5/16/02
14	✓	✓	5/16/02
15	✓	✓	5/16/02
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28	✓	✓	5/16/02
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46	✓	✓	5/16/02
47	✓	✓	5/16/02
48	✓	✓	5/16/02
49	✓	✓	5/16/02
50	✓	✓	5/16/02

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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H.S.
 6-6-01
 573
 09-20-01